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FISCAL AND OPERATIONAL REPORT
PROVIDED TO THE GOVERNOR AND LEGISLATURE
PURSUANT TO NRS 695I.380.5
JUNE 30, 2026

The Silver State Health Insurance Exchange (Exchange) is pleased to offer this Fiscal and Operational Report, required pursuant to [NRS 695I.380.5](#), to the Governor, the Legislature, and the public. The report provides information regarding the activities of the Exchange from January 1, 2026, through June 30, 2026.

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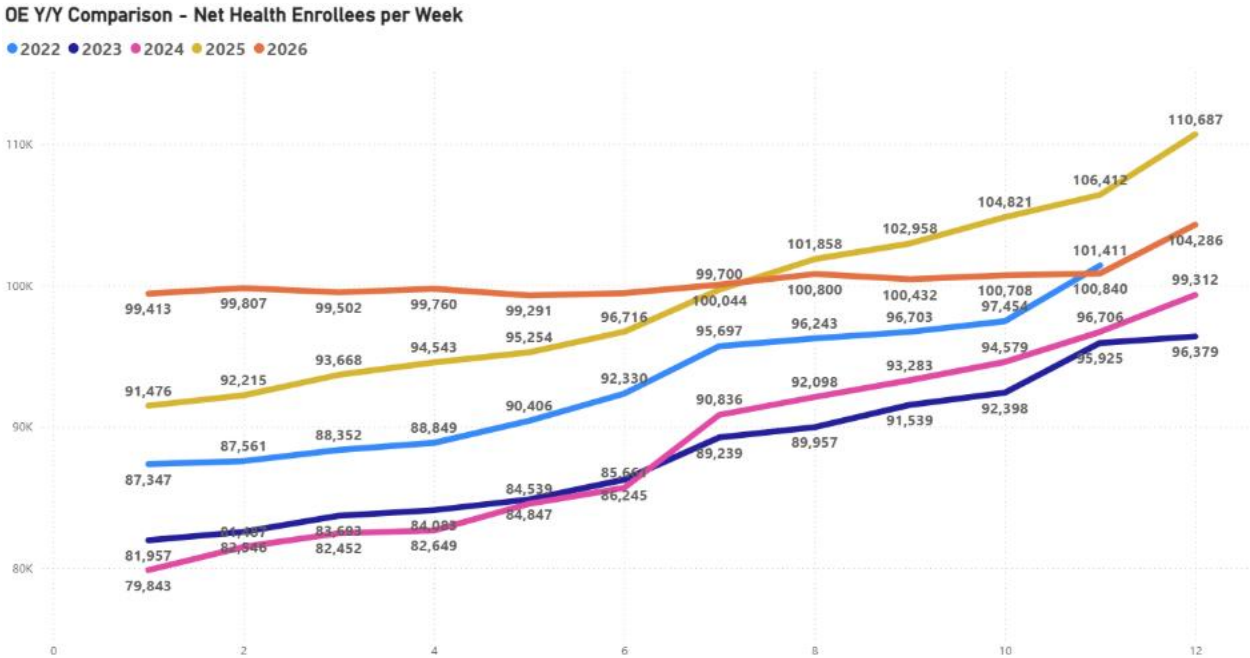
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EXECUTIVE SUMMARY

During the first half of calendar year 2026, the Silver State Health Insurance Exchange (Exchange) was primarily focused on effectuating enrollment as well as assessing the numerous proposed changes at the federal and state level. As the largest unit within the Division of Consumer Health Services, the Exchange has been primarily focused on transitioning into a new division, setting priorities and goals in support of the Nevada Health Authority, and ensuring a successful operation for Plan Year 2026 for Nevada Health Link’s Open Enrollment Period (November 1, 2025 – January 15, 2026). A summary of the Exchange’s activities during this time is provided below.

Plan Year 2026 Open Enrollment Period (OEP) Summary

During Plan Year 2026 OEP, 104,286 Nevadans enrolled in health coverage through the Nevada Health Link marketplace platform. This figure represents a 6% decrease from Plan Year 2025 and is the second highest OEP enrollment total for the exchange to date. Approximately 20% of individuals enrolled in a dental plan, including 2,930 who enrolled in a dental plan only, bringing a grand total of 107,216 enrolling through NevadaHealthLink.com. 20,911 were new enrollees to the marketplace, and 42,652 were active re-enrollees, meaning they visited NevadaHealthLink.com, to make changes to their current plan. The following chart illustrates the week-over-week enrollment trends versus previous plan years:



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Due to federal policy changes, including the expiration of the enhanced premium tax credits, average net premiums for enrollees receiving subsidies increased by \$82 dollars on average, compared to Plan Year 2025. The number of active plan shoppers, including new consumers and returning consumers who visited NevadaHealthLink.com to make changes to their current plan, increased by 32% compared to last year. In addition, Silver plan enrollment decreased by nearly 20% and Expanded Bronze enrollment increased by over 20% as consumers made decisions to offset higher premiums with lower value coverage.

As of June 3rd, 2026, there were 91,223 Nevadans enrolled in health coverage through the Exchange, a 12.5% reduction since the end of OEP. This is more than double the erosion rate when compared to data from the same time last year, where health enrollment was down about 5.7% since the end of OEP. So far in PY26, 7,674 policies have been cancelled due to non-payment, a 40% increase compared to last year. This increase contributes to higher erosion so far in 2026.

Federal Rule Changes

On February 9, 2026, the Centers for Medicaid & Medicare Services (CMS) released its annual plan year 2027 Notice of Benefit and Payment Parameters (NBPP) Proposed Rule. The Exchange and consulting partners provided an analysis of the proposed rule; the NBPP was finalized on May 15, 2026. The final NBPP makes changes to marketplace coverage under the Affordable Care Act. Recently filed [federal litigation](#) may impact when/if certain provisions take effect in PY27. The Exchange will continue to monitor federal court decisions while preparing for PY27 implementation.

The final rule touches on topics such as expanded access to catastrophic plans, which have higher out-of-pocket costs; new rules for the defrayal of state-mandated benefits; changes to verification requirements; and new policies to implement various provisions of H.R. 1. The federal policy section below reviews federal rule changes in more detail.

The new requirement from HR1 regarding pre-enrollment verification (PEV) is one of the largest program changes state-based exchanges will experience. The implementation of PEV will be critical in how much the Exchange can retain and enroll consumers. H.R. 1 requires marketplaces to provide a process, beginning no later than August 1, 2027, through which a household can verify their eligibility to be renewed in a QHP with APTC. Prior to renewing consumers into coverage with APTC, marketplaces must verify the following household information: Household income and family size, eligible immigration status, health coverage status or eligibility for marketplace coverage, and residency.

Battle Born State Plans – Nevada’s Public Option

Under the Division of Consumer Health Services, Exchange staff worked closely with the Public Option team to support the successful launch and implementation of Nevada’s public option, known as Battle Born State Plans (BBSPs). BBSPs were offered on the marketplace for the first time in Plan Year 2026. These plans are required to be available statewide and must meet specific premium reduction targets to help lower costs. Combined with Nevada’s reinsurance program, BBSPs expanded coverage options for rural Nevadans. In total, 10,762 Nevadans enrolled in a BBSP, reflecting 10% of overall health enrollments. Like all qualified health plans offered through Nevada Health Link, BBSPs cover all the ten essential health benefits, including hospitalizations, doctor visits, emergency care, prescription drugs, and more.

Exchange Program Initiatives

Health Management Associates (HMA) is a consulting agency working on federal policy monitoring for the Division of Consumer Health Services. HMA has been providing the Division with technical assistance, coordination, and market subject matter expertise to support NVHA’s policy development and implementation work. HMA is also working to provide technical assistance to support SSHIX’s implementation efforts of the 1332 State Innovation Waiver. Moreover, the Division has tasked HMA with focusing on three specific areas in project manager, one being cost allocation support. HMA is in the midst of assessing NVHA’s current cost allocation methodology approach to securing federal Medicaid match funding for qualified Exchange functions and activities. Project 2 is geared towards change management support, and Project 3 is focused on procurement strategy.

Later in this report is a detailed marketing and communications update. Subcontractor to marketing vendor, The Abbi Agency, Marketing for Change, is facilitating a qualitative market research study that will help inform the OEP 2027 messaging efforts. The focus is around how the Exchange will message Nevadans about renewing their plan and updating their information, new sign-ups, and active shopping as more customers shift to lower tier plans. The qualitative research study will also focus on a health insurance literacy survey to gauge Nevadans’ understanding of health insurance and locate actionable gaps in knowledge.

The State Based Marketplace, Nevada Health Link, has been working closely with the Medicaid Division to implement steps to becoming a determination state rather than an assessment state as it currently exists. The units within the Nevada Health Authority are working collaboratively with other state agencies, contracted vendors, and partners to offer newly eligible MAGI Medicaid populations to enroll on NevadaHealthLink.com, making Nevada a determination state. This is set to go live in the Fall of 2026.

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Broker Request for Application (RFA) and the new Senate Bill 4 Navigator RFA have been a specific area of focus for the fiscal team, the Policy team and the Broker and Navigator programs. A more detailed update is included within this report under state policy updates and Broker updates.

Personnel Updates

Over the past several months, the organizational structure of the Exchange has been reviewed to help identify efficiencies and capacity, resulting in streamlined roles and responsibilities for the Exchange team. The policy team has been broken up to create two Senior Management Analyst positions: one dedicated to Policy and one dedicated to Compliance. During this timeframe, the Division hired a new Chief Operations Officer (COO), Sarah Moses. Sarah transferred to the Exchange from the Director's Office within the Nevada Health Authority, where she worked in the Enterprise Process & Planning Office as a Business Process Analyst III, overseeing a team of six. Sarah brings strong experience in overseeing complex system implementations and managing high priority projects to ensure compliance with state and federal regulations. Her background spans process improvement, data quality, and cross-functional collaboration. This includes team development, project management and a strong Medicaid/health policy background as well as data quality and analysis. We're excited about the strengths and perspective she will bring to the team.

The Division has also hired a new Executive Assistant, Madison Arant, who is joining the Exchange team from the Director's Office with Nevada Health Authority; Jena Taylor has moved into the Administrative Assistant role; Jessica Daniel has moved into the Reconciliation team as a Business Process Analyst 1, previously a Program Officer 1 on the Quality Assurance (QA) team; we are welcoming Jessica Schuman as a Program Officer 1 on the QA team. The Exchange currently has three vacant positions: Health Resource Analyst 2, Plan Certification Manager and Program Officer 1.

FEDERAL AND STATE POLICY UPDATES

Expiration of Enhanced Premium Tax Credits

Starting in 2021, the American Rescue Plan Act (ARPA), followed by the Inflation Reduction Act in 2022, Congress temporarily expanded and enhanced Advanced Premium Tax Credits (APTCs) to increase the affordability of health insurance on the Marketplace. These temporary expansions increased the number of households that were eligible for APTC as well as the available credit amount per eligible household.

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These enhanced Premium Tax Credits (ePTC) expired at the end of 2025, meaning health insurance rates on the Marketplace returned to pre-pandemic levels and contribution thresholds. With the expiration of these enhanced tax credits, some Nevadans saw changes in their monthly premiums beginning in Plan Year 2026. PY 2026 Open Enrollment shows a shift from silver plans to bronze plans, which have higher deductibles.

PLAN YEAR 2027 NOTICE OF BENEFIT AND PAYMENT PARAMETERS (NBPP)

On May 15, 2026, the U.S. Department of Health and Human Services (HHS) issued a highly anticipated [final Notice of Benefit and Payment Parameters rule for 2027](#) that makes changes to marketplace coverage under the Affordable Care Act (ACA). The payment rule is issued on an annual basis to adopt any changes for the next plan year in areas related to health insurance exchanges and the risk adjustment program. The proposed rule is typically released in the fall and then finalized in the early spring to allow insurers, states and other stakeholders time to analyze and plan for the rules for the next plan year. The final rule expands access to catastrophic plans while raising out-of-pocket cost thresholds; creates new rules for the defrayal of state-mandated benefits; eligibility verification requirements; and provides guidance to implement various provisions of H.R. 1..

The Exchange is currently planning for implementation of the following NBPP final rule provisions:

State Exchange Improper Payment Measurement (SEIPM) (§§ 155.1600 through 155.1650)

The rule establishes a process to measure improper Advanced Premium Tax Credit (APTC) payments administered by a state-based marketplaces (SBM). Beginning January 1, 2027, state-based marketplaces are now required to submit detailed information for all tax households receiving APTC and more comprehensive individual-level data for each household CMS chooses to sample for accuracy. After CMS evaluates the improper payment amount based on the sample, it will extrapolate to estimate the SBM's total improper payment rate. Identified errors would be corrected through a corrective action plan submitted by the SBM.

Allowing Delegation of Network Adequacy Review Authority and Creation of State Effective Provider Access Review Program (§ 155.1050)

The PY 2027 NBPP rescinded the PY 2025 requirement that states maintain network adequacy standards at least as stringent as those applied in the federal marketplace, (including the time and distance standards) and conduct related quantitative reviews. Instead, states are permitted to develop and enforce their own network adequacy standards without a federal comparability requirement. In Nevada, the Exchange requires carriers to adhere to state law, which requires a carrier that offers coverage in the

individual market to demonstrate to the Commissioner of Insurance the capacity to deliver services adequately before making any network plan available for sale in this State (NRS 687B.490). The Division of Insurance reviews and enforces state network adequacy standards as outlined in (NAC) 687B.750 to NAC 687B.784.

Expansion of Hardship Exemption Eligibility (§ 155.605)

Expands hardship exemption eligibility to individuals who are ineligible for Marketplace subsidies (APTC or CSRs) due to projected household income (below 100 percent or above 250 percent of the FPL). As a result, a broader population of individuals aged 30 and older who do not qualify for the APTC or CSRs based on income may qualify to enroll in a catastrophic health plan. This expansion allows these individuals to qualify for catastrophic plan coverage along with the option to open a health savings account (HSA). Starting on January 1, 2026, the IRS code was amended so that any bronze or catastrophic plan offered as individual coverage through an Exchange is considered an HDHP for purposes of Health Savings Account (HSA) eligibility. In Nevada, CMS will continue to review all hardship exemption requests submitted by Nevada marketplace consumers.

Limit APTC Eligibility to “Eligible Noncitizens”

In alignment with H.R. 1, beginning January 1, 2027, the final rule limits eligibility for Advance Premium Tax Credits (APTC) to specific categories of lawfully present non-citizens, including:

- Lawful permanent residents
- Cuban and Haitian entrants
- Compact of Free Association (COFA) migrants

In addition, the rule eliminates APTC eligibility for individuals whose household income is below 100% of the Federal Poverty Level (FPL) and who are ineligible for Medicaid due to immigration status.

Failure to File and Reconcile (FTR) Policy (§ 155.305(f)(4)(iii))

Consistent with provisions of H.R. 1, the final rule reinstates the one-year Failure to File and Reconcile (FTR) validation requirement for all Marketplaces beginning January 1, 2028.

Under this policy, Exchanges must determine a tax filer – and any associated enrollees – ineligible for subsidies (APTC/CSR) if the tax filer failed to reconcile prior-year APTC on their federal income tax return. Currently, Nevada determines a tax filer ineligible for subsidies if the tax filer failed to reconcile the APTC received during the previous two years.

Income Verification When Income Is Less than 100% of the Federal Poverty Level (FPL) (§ 155.320(c)(3)(iii))

Effective January 1, 2027, the final rule permanently extends the requirement for Exchanges to generate a Data Matching Issue (DMI) when a consumer attests to household income at or above 100% FPL, but the available trusted data sources (TDS) indicate that the household income is below 100% of the FPL.

Income Verification When Tax Data is Unavailable (§ 155.320(c)(5))

Effective January 1, 2027, the final rule eliminates the option for Exchanges to accept a household's self-attestation of income when tax data is unavailable. Under the finalized rule, income determinations in these scenarios must rely on verified data sources, and consumers without available tax data will be subject to a DMI process. Absent timely resolution, Nevada Health Link will terminate the consumer's subsidies.

Pre-Enrollment Verifications – Effective Plan Year 2028

Section 71303 of the H.R.1 establishes stricter eligibility verification requirements for Advance Premium Tax Credits (APTC) within state-based exchanges (SBEs). Beginning January 1, 2028, SBEs must verify that each new or renewing enrollee – including those previously eligible for auto-renewal – qualifies for subsidies. This verification must include key eligibility factors such as income, family size, immigration status, health coverage, and state residency.

While the statute does not explicitly prohibit auto-renewal, it does require that eligibility verification be fully completed before coverage and subsidies are finalized.

SENATE BILL 4, SPECIAL SESSION (2025) IMPLEMENTATION

The Exchange led implementation efforts related to Section 11 of Senate Bill 4 of the 2025 Special Session of the Nevada Legislature. Pursuant to the bill, the Nevada Health Authority (NVHA), through this Grant Program, will award competitive grants to community-based organizations in this State seeking to provide education and enrollment assistance related to Nevada Medicaid and the State's Public Option, known as Battle Born State Plans sold on Nevada Health Link. NVHA's goal is to use these grant funds to place Exchange Enrollment Facilitators (EEFs) within a wide range of community-based settings to offer direct, in-person assistance with health coverage enrollment and education. EEFs will focus on ensuring consumers complete all steps necessary prior to enrollment, actively update applications, understand new federal Medicaid community engagement and work requirements, and select plans that meet their individual health needs. A Request for Applications (RFA) was released on May 1, 2026, and the Division received over 30 applications, which are undergoing review and evaluation. Following evaluation and scoring, the NVHA will make final award allocation recommendations to the Interim Finance

Committee (IFC) of the Nevada Legislature. The IFC is anticipated to make final award allocation determinations during the August 13, 2026 meeting.

MARKETING & ADVERTISING

Open Enrollment Preparation & Strategy

The Exchange worked to message the Special Enrollment Period (SEP) campaign to target audiences. These are primarily Nevadans who have experienced a Qualifying Life Event (QLE) such as: a change in household size (birth or adoption), income or employment status, a loss of health coverage, or have moved to Nevada (or a new service area within the state).

Marketing efforts also expanded beyond targeting Nevadans who may have experienced a QLE, to include tactics that concentrated on the retention of current enrollees and those who may be seeking out generalized health insurance information. Content on the usage and meaning of health insurance terminology was also disseminated through owned channels.

SEP Campaign Overview & Creative Direction

The animated campaign continues to yield strong results while maintaining brand recognition. Because of this, the Special Enrollment Period Plan Year 2026 (PY26) advertisements were a continuation of the SEP PY25 creative. However, specific ad copy alluding to “low-cost” premiums were removed to align changes within the Marketplace and to highlight plan selection.

SEP Marketing & Advertising Tactics

Planned tactics include Press Releases, Community Events, Radio, and Programmable Radio, Digital Billboards, Google/Bing Search Engine Marketing, Display Banners, Paid Social Media Advertisements, Connected TV, Print Advertisements, Email Marketing, Blog Posts, Organic social media.

Paid Media Performance

Ads were paused throughout February as the Off-Season Strategy and Paid Media plan were being developed. Special Enrollment Period ads launched in March and have continued to showcase a strong performance. The SEP PY26 campaign has amassed more

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than 4.2 million impressions and 87,308 total link clicks; it has also reached more than 102k households to date.

Advertising benchmarks continue to be achieved and exceeded. For example, Google Search ads have yielded an average CTR of 17.8%, performing well beyond the industry standard of 3.27%.

Currently, the Exchange continues to monitor all paid media campaigns and will optimize to best-performing tactics that drive awareness, consideration, and enrollment.

Public & Media Relations

For the 2026 Off-Season campaign, the strategy shifted to focus on a reactive approach as media interest surrounding post-Open Enrollment numbers, the Battle Born State Plans (BBSPs), Medicaid, and ACA enrollment trends slowed down.

Key PR Activities & Milestones

- **January 22, 2026:** Distributed a press release highlighting 104,286 Nevadans enrolling in comprehensive health coverage through the state-based marketplace, including the new Battle Born State Plans, which accounted for 10% of total enrollments.
- **February 2026:** Responded to inbound media requests with the overall messaging centered on the steady amount of enrollment seen during OEP.
- **March & April 2026:** Placed a large focus on outreach to local parks, youth sports complexes, and community centers to secure banner and brand awareness placements as part of a larger grassroots marketing effort.
- **May 2026:** Revisiting influencer relationships and beginning conversations with individuals who fit in the ‘gig worker’ and ‘self employed’ space such as realtors, rideshare drivers, etc.
- **June 2026:** Press release distribution of the selected broker grantee awardees for PY27 to be drafted.

Primary Messaging Focus

- Free enrollment assistance available through brokers and navigators
- Encourage consumers with QLEs to check their eligibility for a Special Enrollment Period

Media Coverage & Amplification

- Responded to numerous media inquiries throughout the Off-Season
- Secured coverage in major outlets, including:

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- o *National Public Radio*
- o *Northern Nevada Business Weekly*
- o *KTNV Channel 13*
- o *The Nevada Independent*
- Positioning Nevada Health Link as the state’s primary health insurance resource

Community Outreach & Multicultural Engagement

During the Off-Season, outreach efforts remained focused on connecting with target audiences through events serving diverse and minority communities across Nevada. The teams also pursued new sponsorship opportunities while renewing successful partnerships in southern, northern, and rural Nevada. In collaboration with the public relations team, community relations also supported grassroots marketing efforts through outreach to parks, youth sports complexes, and community centers to secure banner placements and increase brand visibility. These partnerships included various municipalities and organizations such as the City of Reno, the City of Sparks, Nevada Alliance Youth Soccer, and Pahrump Valley Little League.

The Exchange developed and executed various outreach strategies for multicultural groups within Nevada.

Owned Channels & Content Strategy

- Implemented a coordinated, multi-channel content strategy to guide consumers through awareness, education, enrollment, and post-enrollment stages.
Entered a structured monthly Search Engine Optimization (SEO) workflow that focused on continuous improvement.

Performance Highlights (*SEP PY26: January 2026 to June 2026*)

Website Performance

The website continues to yield steady traffic, garnering over 150,00 new users throughout the Off-Season; views on the website total more than 1.2 million month-over-month. New SEO maintenance efforts have also been implemented to resolve errors, improve crawlability, reduce user friction, and strengthen the overall health of the site.

As of May 2026, Nevada Health Link has established an ongoing cadence to prepare for the upcoming website redesign. This includes a full SEO & website audit. The goal is to simplify the website to ensure consumers can easily navigate it to find what they need.

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Social Media Performance

- Total followers continue to steadily with the current count at 16,526
- Overall impressions have grown by more than 270%
- A shift to organic and event content has raised video views by more than 390%

APPEALS

Nevada consumers have a right to request an appeal within 90 days of an issued eligibility determination if they believe there was a mistake or disagree with certain eligibility determinations made by the Exchange. The Exchange continues to oversee first-level appeals, essentially referred to as informal resolutions, and if applicable, will send hearing requests to the Division of Social Services (DSS) for adjudication. The table below highlights appeal metrics for the start of PY26, received from January 1, 2026 – to June 30, 2026.

The information in the table below reflects the number of appeals, or informal resolutions the Exchange has received in each month, the resolution rate by the end of each month, and the average number of days appeals were open during any given month.

Month	Number of Appeals Received	Resolution Rate at the End of the Month	Average Number of Days Open
January 2026	16	93%	3
February 2026	19	84%	3.17
March 2026	16	87%	7.31
April 2026	29	Process on-going	Process on-going
May 2026	Process on- going	Process on- going	Process on-going
June 2026	Process on-going	Process on-going	Process on-going

SECURITY & RECONCILIATION

The Exchange’s Security, Reconciliation, and Plan Certification units are responsible for ensuring the operational stability, compliance, and certification readiness of the Nevada Health Link Exchange Platform. These teams oversee the reconciliation of enrollment data with Exchange insurance carriers, analysis and troubleshooting of Electronic Data Interchange (EDI) files with external systems, User Acceptance Testing (UAT), coordinated release management activities, and the annual certification of

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Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs). In addition, the teams are responsible for ensuring the Exchange's continued compliance with federal privacy and security standards published by CMS and the IRS, as well as applicable state security standards.

Over the past six months, the Security and Reconciliation team has focused on strengthening the Exchange's security, compliance, and operational stability. Key efforts included closing outstanding Legislative Counsel Bureau (LCB) Information Security audit findings, completing the Exchange's transition from MARS-E to ARC-AMPE documentation and compliance standards, supporting the NVHA IT Department on ongoing technology and security initiatives, and working closely with the Division of Social Services (DSS) to improve the account transfer process between systems.

The Security and Reconciliation team also continues to coordinate the testing and approval of three major quarterly software releases for the Exchange Platform. Additionally, the team develops and maintains supplemental data reconciliation and reporting tools that provide enhanced data analysis capabilities beyond those available within the Exchange Platform itself. These efforts have resulted in a substantial reduction in enrollment data discrepancies impacting Exchange consumers.

During this reporting period, the Plan Certification Manager position was organizationally aligned under the Information Systems Manager position to improve coordination between operational, technical, compliance, and certification activities related to the Exchange platform. The Plan Certification Manager position is currently vacant, and recruitment efforts are ongoing to fill this role.

The Plan Certification team, consisting of the Information Systems Manager and Plan Certification Manager, has continued preparations for the PY27 Plan Certification season.

During this reporting period, the Exchange's Letter to Issuers was updated to provide revised operational and technical guidance for issuers seeking to offer plans during the 2027 Plan Year. Issuers intending to participate on the Exchange were required to submit an intent-to-sell form by April 1, 2026. Over the coming months, the Plan Certification team will continue collaborating with issuers and the Division of Insurance to certify plans for the 2027 Plan Year. In addition, the team implemented a new plan limit requirement for PY27 as part of ongoing efforts to improve plan standardization and consumer choice within the Marketplace.

QUALITY ASSURANCE

Consumer, Carrier, Broker, and Enrollment Professional Assistance

The Quality Assurance (QA) team consists of four (4) Program Officer 1 positions, and one (1) Business Process Analyst 1 as the QA team lead. The QA team reports directly to the Quality Assurance Officer who is overseen by the Chief Operations Officer. Each of the positions is cross trained to ensure daily coverage and to assist with increased consumer, broker, carrier, and enrollment professional workloads requiring escalated assistance beyond the abilities of the Exchange's contracted call center. The QA team continues to resolve consumer and broker/navigator questions and technical issues by fostering close relationships with the Exchange's health insurance carriers. These partnerships allow the Exchange to contact their subject matter experts who assist in the resolution of basic and complex issues.

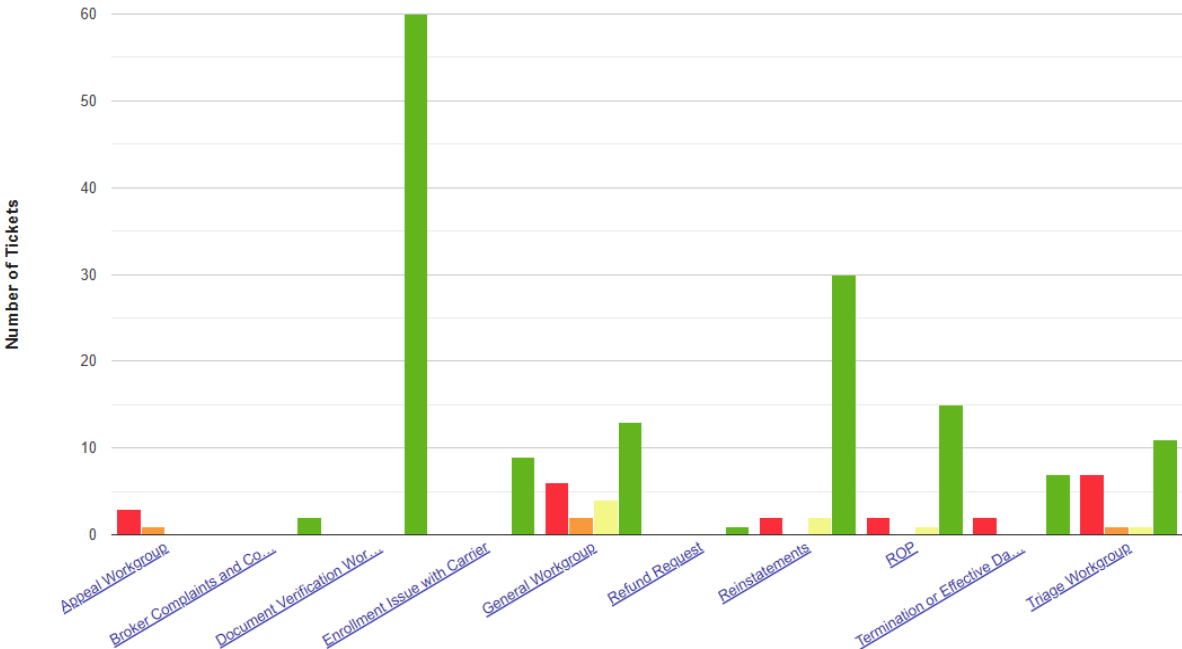
Casework with Exchange Insurance Carriers

The QA team continues to utilize Salesforce case management software for case work between the Exchange and its insurance carriers which is referred to as the "Carrier Connector." The QA team uses this platform to collaborate with the eight (8) qualified health plan carriers and four (4) qualified dental carriers.

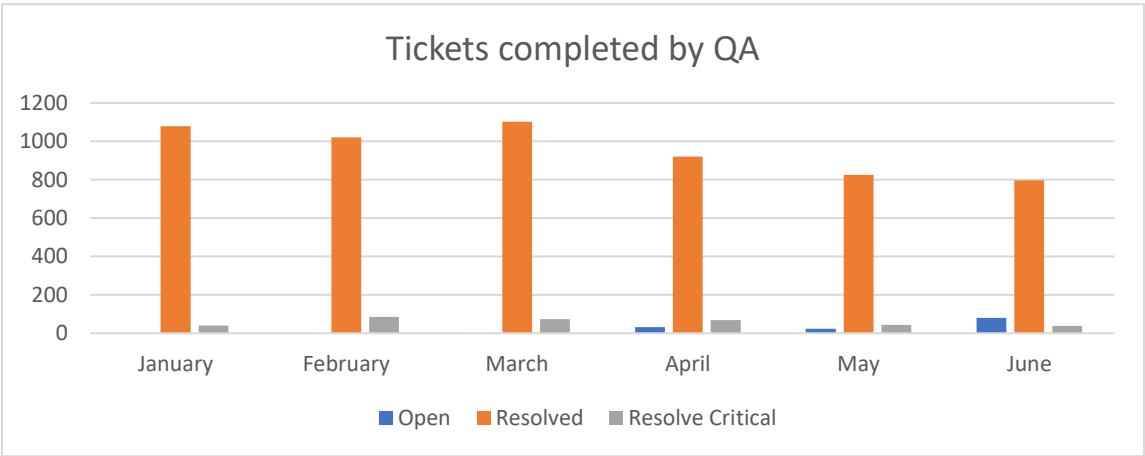
Consumer Assistance Ticketing Aging Report

The chart below illustrates unresolved tickets processed by the consumer assistance call center and QA team. The chart is inclusive of consumer data matching issues (DMI's) which includes issues needing resolution such as income verification, citizenship verification, validation of qualified life events, technical, and billing discrepancies. The call center staff is responsible for reviewing and processing all tickets except for escalated technical and billing discrepancies which are handled by the Exchange QA team.

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The chart below illustrates the volume of tickets that were resolved or remain open for any given month that the QA team has handled from January 1, 2026, through June 30, 2026. The QA team does an amazing job closing all tickets within 30 days of receiving them.

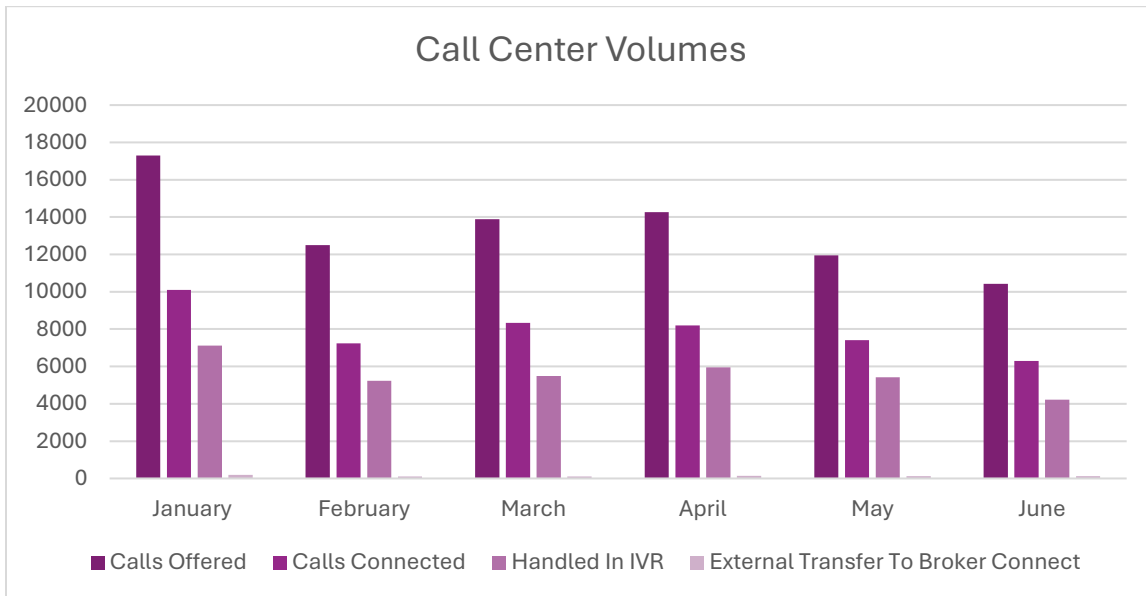


Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the contracted call center team, which independently fields incoming calls on the Broker Support and Consumer Assistance support telephone lines. The chart below demonstrates the Consumer Assistance Call Center volume from January 1, 2026, through June 30, 2026. It should be noted that the difference between calls offered, and calls connected are typically handled within the Exchange’s Interactive Voice Response (IVR) system that has been named Sage.

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The Exchange continues to utilize Artificial Intelligence (AI) technology called Sage. This AI technology is used as the IVR system and provides assistance in English and Spanish 24/7. Sage allows consumers the ability to self-serve and connects with a call center representative if they need additional assistance when calling within the call center’s business hours. The increase in calls handled through the IVR system is due to the implementation of Sage. The highest call volume was on January 20, 2026 (last day to select in a plan), with 1,191 calls offered. The call center has maintained a 91.30% or greater customer satisfaction rate. Additionally, the wait time to connect with a customer service representative (CSR) in the call center was 3.67 seconds and the average handle time was 11.25 minutes. The chart below highlights the call center volumes for the timeline of this report and shows calls offered, calls connected, and transfers to Broker Connect and IVR.



ADVISORY BOARD

In accordance with NRS 695I.370 the Exchange’s Advisory Board was established to provide strategic guidance and recommendations for the Exchange within the Nevada Health Authority. The Advisory Board is also required to prepare an annual report by December 31st of each year, summarizing the activities of the Board and the contributions of the Exchange to the health of the residents of Nevada during the previous year.

The Advisory Board consists of seven voting members and three non-voting ex-officio members. Of the voting members two appointments are made by the Governor, one by the Speaker of the Nevada Assembly, one by the Nevada Senate Majority Leader, and three

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serve by virtue of their roles as the Administrator of Nevada Medicaid, the Director of the Division of Human Services and the Commissioner of Insurance.

- Current Voting Board Members:
 - Valerie Clark, Chair – Governor’s Appointee
 - Elsie Lavonne Lewis – Speaker of the Assembly Appointee
 - Dr. Tara Raines – Senate Majority Leader Appointee
 - Jon Pishion – Governor’s Appointee
 - Ann Jenson – Administrator, Nevada Medicaid, Nevada Health Authority
 - Melissa Bullock – State Medicaid Epidemiologist, Department of Human Services Delegate
 - Ned Gaines – Commissioner, Division of Insurance

- Ex-Officio Members (non-voting):
 - Tiffany Greenameyer –Director, Governor’s Finance Office

BROKERS

To date, the Exchange has certified 811 licensed insurance brokers and agents who have been trained and provided access to the Nevada Health Link enrollment platform. The Request for Application (RFA) for the Broker Award Program was published on April 21, 2026. The Exchange will fund up to eight broker agencies beginning July 1, 2026, through June 30, 2027. The Broker Award Program is designed to assist brokers with advertising and marketing to help promote Nevada Health Link and access to coverage options. These brokers work with diverse and rural communities in hopes of earning their trust to enroll consumers in qualified health and dental plans through Nevada Health Link.

The Broker Manager continues to focus on 1) training and certifying new and returning brokers for the PY 2027 Open Enrollment Period, 2) continually supporting the brokers to set up and maintain their Agency Portal, and 3) remaining a tireless resource for brokers during the – and in preparation for – the Open Enrollment Period and Special Enrollment Period. The Broker Manager continues to be steadfast in actively engaging and promoting Nevada Health Link participation in both northern and southern Nevada broker groups such as the NABIP (National Association of Benefits Insurance Professionals Southern Nevada) and NABIP (National Association of Benefits Insurance Professionals Northern Nevada) and Southern Nevada various Chamber of Commerce events including the Latin, Asian, and Las Vegas Chambers.

During January 2026 through June 2026 the Broker Manager conducted 30 site visits to Brokers in both Northern and Southern NV. The purpose of the site visits is to ensure brokers are following privacy and security policies including the broker code of conduct

and user agreement. Also, training and coaching are provided and documented by the Exchange team as part of the efforts to implement a standardized compliance process.

NAVIGATORS, IN-PERSON ASSISTERS, AND CERTIFIED APPLICATION COUNSELORS

To be compliant with federal regulations, the Exchange is required to have consumer assistance resources and functions, including a Navigator/In Person Assistance (IPA) program; and must refer consumers to appropriate state resources when available. The Exchange has allocated approximately a \$1.5 million dollar budget for the year-round work performed by grantee Navigators and IPAs and continues to operate with two awarded entities to serve as statewide Navigators bolstered by four IPA entities. Navigator and IPA grantee organizations are responsible for outreach, education, and enrollment for Nevada's uninsured and underinsured populations.

Between January and June of 2026, Navigators and IPAs, Nevada Health Link's primary event staff, attended over 100 in person events. Navigators and IPAs continue to attend in-person community outreach events, promoting education and enrolling consumers in Qualified Health (QHP) and Dental Plans, including Battle Born State Plans (BBSPs), and Medicaid/Nevada Check-up options. The Navigator entities have physical office locations in Southern/Northern Nevada but can service all Nevadans seeking coverage, virtually.

The Navigator Program Manager maintains communication and stakeholder relationships with all Navigator and IPA entities throughout the year to ensure each entity is armed with event swag and educational material for Nevadans seeking information about enrolling in a qualified health plan or other public health funded programs through Nevada Health Link.

Navigator Entities

- Dignity Health - St. Rose Dominican (Southern Nevada)
- Asian Community Resource Center (Southern Nevada)

IN-Person Assistance Entities

- Asian Community Development Council (Southern/Northern Nevada)
- Access to Healthcare Network (Northern Nevada)
- Nevada Health Centers, Inc. (Northern Nevada)
- The Center serving the LGTBQ+ community (Southern Nevada)

FINANCE

The Legislatively Approved State Fiscal Year 2026 budget is as follows:

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BA 1400 SILVER STATE HEALTH INSURANCE EXCHANGE		3601	
LEG APPROVED FUND MAP		QHP Fees	
SFY 2026			
Total FTE Count: 29			Totals
REVENUE AUTHORITY		16,966,392	16,966,392
2511	Balance Forward	19,039,475	19,039,475
4669	Trans From Other B/A Same Fund		0
Total		36,005,867	36,005,867
Cat	EXPENDITURE CATEGORIES		
01	Personnel	3,524,926	3,524,926
02	Out-of-State Travel	36,487	36,487
03	In-State Travel	30,790	30,790
04	Operating (supplies and other, less IT)	786,172	786,172
10	Transfer to BA 3158	350,000	350,000
11	Transfer to DWSS	536,952	536,952
12	Exchange Platform	7,405,337	7,405,337
26	Information Services	91,718	91,718
30	Training	18,820	18,820
50	Marketing and Outreach	3,200,000	3,200,000
71	Navigators & Brokers	1,559,506	1,559,506
82	DHRM Cost Allocation	22,099	22,099
85	Cash Reserve	18,383,289	18,383,289
88	SWCAP	19,845	19,845
89	AG Cost Allocation Plan	39,926	39,926
Total Expenditure Categories		36,005,867	36,005,867
Revenue Over (Short)		0	0

Note: In April, the Interim Finance Committee (IFC) approved the transfer of \$350,000 from the Reserve category to the Transfer to BA 3158 category to support contractual obligations to implement system enhancements within the Eligibility and Enrollment system for the Medicaid Express Solution. The Governor’s Finance Office also approved the transfer from the Reserve category to the Information Services category to fund anticipated costs through SFY 26. No further work programs have been needed.

Balance Forward

State Fiscal Year (SFY) 2026 is projected to close with the Exchange accumulating \$18,383,289 in cash reserves into SFY 2027. This is an increase of \$4,230,829 from the projected carry forward balance of \$14,152,460 in the Legislatively Approved (L01) budget. This increase in reserves is due to the Exchange having higher than average consumer enrollments, which led to an increase in revenue for the Exchange. The Exchange will make

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the adjustment to the Legislatively Approved (L01) Budget via a Work Program at budget closing

Revenue/Carrier Premium Fees (CPF)

Projected Total Premiums for SFY 2026 are \$732,420,124, which is an increase of \$95,775,307 over SFY 2025 total premiums. Projected total CPF for SFY 2026 is \$21,606,394, which is \$2,512,354 more than the originally budgeted SFY 2025 CPF of \$19,094,039. PY 2025 had an overall increase in total premiums of 15.67% from PY 2024, while PY 2026 is projected to have an overall increase of 14.98% from PY 2025. Increasing plan year total premiums in PY 2024 and 2025 account for the increase in SFY 2026 CPF revenue, as well as projected total premiums are increasing. The CPF for PY 2027 was approved by the Exchange's Board in February 2026 and increased to 3% of premiums.

State Based Exchange Maintenance and Operations

In SFY 26, the Exchange projects to achieve an annual cost savings of approximately 28%, inclusive of operations, The cost savings realized between the fees paid for the technology platform and call center operations versus the CMS User Fee is projected to be 51% in SFY 2026 with a total expected cost savings of over \$48M through SFY 2027

Reserve Projections

In SFY 2026 with revenue holding steady, the Exchange is projected to carry forward to SFY 2027 a balance of \$22,310,789 and is projected to carry forward a balance of \$23,670,903 into SFY 2028.